

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	cm G		5/5/00
O.I.P.E. CLASSIFIER			7-5-9-00
FORMALITY REVIEW	8000	608971	7/1/00
RESPONSE FORMALITY REVIEW	8000	608971	8/30/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	5-2-00
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Claim	Date
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SONYA

CAN YOU PLEASE ENTER THE
 INTERVIEW SUMMARY. THEN
 ENTER THE AMENDMENT
 AND SUPPLEMENTAL AMENDMENT.

THANKS,
 STEFANO

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If more than 150 claims or 10 actions
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APPLICANTS

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Form P
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